

Quarterly Certification of Compliance by Non-Participating Manufacturer
Regarding Escrow Payment **State of New Hampshire**

GENERAL INFORMATION

What is the definition of a tobacco product manufacturer?

- Any entity that manufactures cigarettes anywhere that such manufacturer intends to be sold in the United States, including cigarettes that are intended to be sold in the United States through an importer;
- The first purchaser anywhere for resale in the United States of cigarettes manufactured anywhere that the manufacturer does not intend to be sold in the United States; or
- Any successor of any entity described above.

Who is required to file this affidavit?

- Any tobacco product manufacturers which:
 - (1) sells cigarettes to consumers within the state of New Hampshire (whether directly or through any distributor, retailer, or similar intermediary); and
 - (2) has not become a participating manufacturer in the tobacco Master Settlement Agreement.

You must file this affidavit to report the units of cigarettes you sold and pay the amount calculated into your qualified escrow fund.

What is a non-participating manufacturer?

A non-participating manufacturer is any tobacco product manufacturer who has not signed onto the tobacco Master Settlement Agreement, executed on 11/23/98 between 46 U.S. States, including New Hampshire, and certain tobacco companies.

What is a qualified escrow fund?

You are required to establish a qualified escrow fund. This means an escrow arrangement with a federally or state-chartered financial institution having no affiliation with any tobacco product manufacturer and having assets of at least \$1,000,000,000, where such arrangement (1) requires that the financial institution hold the escrowed funds' principal for the benefit of the State of New Hampshire and other "releasing parties" as defined in the Master Settlement Agreement, or 25 years, whichever occurs first, and (2) prohibits you from using, accessing, or directing the use of the funds' principal except as consistent with NH RSA 541-C.

When is this affidavit due?

The affidavit is due on the schedule set forth at Part 2 below

When must I make my escrow payment?

See Part 2 below.

SPECIFIC INSTRUCTIONS

Part 1: Manufacturer's Identification	Write your name, address and telephone and fax number.
Part 2: Sales Year and Quarter	The sales year is 2005. Payments for each quarter are due no later than the end of the following quarter, with the exception of the fourth quarter payment.. Thus payments for the 1st quarter are due by no later than June 30, 2005 ; payments for the 2d quarter are due by September 30, 2005 ; payments for the 3d quarter are due no later than December 31, 2005 , and payments for the 4th quarter are due by April 15, 2006 ..
Part 3: Units Sold	Write the total number of individual cigarettes, including the amount of "roll-your-own" tobacco (.09 ounces constitutes one cigarette) and little cigars (which weigh three (3) pounds or less per 1,000), sold during the 3d quarter bearing New Hampshire cigarette stamps. On Schedule A, provide an itemized list by brand, wholesaler, or importer, as applicable, of all cigarettes included in the certification total reported at Part 3.
Part 4: Deposit Amount	Write the appropriate rate for the sales year. Write the amount you paid into your qualified escrow fund. Multiply the units of cigarettes by the appropriate rate and write the amount. The inflation factor for quarterly payments is estimated based on a 3% inflation rate. If necessary, that rate will be adjusted in connection with the April 15, 2006 payment.
Part 5: Financial Institution	Write the name and address of the financial institution holding your escrow account. Include your escrow account number. Also write the total cumulative amount currently in your escrow account.
Part 6: Signature	An authorized notary public must also sign and date this affidavit.

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Part 1: Manufacturer's Identification

Name: _____
Address: _____

Phone: _____ Fax: _____

Part 2: Sales Year 2005/quarterly Payments

The Period of Sales for this Affidavit is: __1st Quarter __2d Quarter __3d Quarter __4th Quarter

Part 3: Units Sold

Number of individual cigarettes, including little cigars and "roll-your-own" tobacco, sold by the Manufacturer identified above during the sales period bearing New Hampshire cigarette tax stamps is as follows: *(see instructions for details)*

Part 4: Deposit Amount

For the sales year: *(Use the rates listed below to figure the appropriate deposit amount)*

	Statutory Rate Per Cigarette	Inflation Adjusted Rate Per Cigarette (Pay This Rate)
Sales year 1999 (payable April 15, 2000)	\$.0094241	\$.Statutory Rate multiplied by 1.03
Sales year 2000 (payable April 15, 2001)	\$.0104712	\$.Statutory Rate multiplied by 1.0644841
Sales year 2001 (payable April 15, 2002)	\$.0136125	\$.Statutory Rate multiplied by 1.096830623
Sales year 2002	\$.0136125	\$.Statutory Rate multiplied by 1.1297355
Sales year 2003	\$.0167539	\$.Statutory Rate multiplied by 1.163627565
Sales year 2004	\$.0167539	\$.Statutory Rate multiplied by 1.201510159
Sales year 2005 thru 2006 (payable quarterly)	\$.0167539	\$.Statutory Rate multiplied by 1.2375555
Sales year 2006	\$.0167539	To Be Determined
Sales year 2007 and after	\$.0188482	To Be Determined

The appropriate rate for the sales year is

\$.02073388 (estimated)

This is the same amount that has been paid into the qualified

Escrow Account by the Manufacturer identified above

\$ _____

(Multiply units in Part 3 by the appropriate rate in Part 4)

Note: Attach a copy of your receipt or other proof of deposit from your financial institution

Part 5: Financial Institution

Name of Institution: _____
Address: _____

Escrow Account No.: _____
Total Amount Held: _____

UNLESS PREVIOUSLY SUBMITTED, PLEASE SUBMIT A COPY OF ANY CONTRACT OR AGREEMENT WITH THE FINANCIAL INSTITUTION ESTABLISHING AND SHOWING ALL TERMS OF THE ESCROW FUND.

Part 6: Signature

Under penalty of perjury, I state that, to the best knowledge, all of the information contained in this affidavit is true and accurate. *This document must also be signed and dated by an authorized notary public.*

Name of Authorized Agent: _____ Title: _____

Signature of Authorized Agent: _____ Date: _____

Subscribed and sworn to before me on this date: _____

Signature of Notary Public: _____ City/State: _____

Printed Name of Notary: _____ My Commission Expires: _____

Mail this affidavit to: **Office of the Attorney General
Tobacco Compliance Project c/o Gallagher, Callahan & Gartrell, P.A.
214 North Main Street, P.O. Box 1415
Concord, New Hampshire 03302-1415**

Tob/Forms9J5964